HSCRC Quality Based Reimbursement Program

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Quality Initiative Timeline

- **Phase I:** Quality-Based Purchasing linked to payment 2008 (QBR)
  - 19 core measures – 4 clinical domains & patient experience of care
  - Relative performance linked to rewards/penalties in annual inflation update
- **Phase II:** Maryland Hospital Acquired Conditions 2009 (MHAC)
  - 49 Potentially Preventable Complication Categories
  - Payment incentives linked to relative hospital performance on risk-adjusted rates of complications and weighted by cost of complications

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Quality Based Reimbursement Initiative (QBR)

- Work group on Pay for Performance Methodology started in 2005.
- QBR is implemented in FY2009
- Hospital Quality Alliance (HQA)/Joint Commission/CMS Clinical Care process measures for:
  - heart attack
  - heart failure
  - pneumonia
  - surgical care improvement program
- Key methodological components:
  - FY 2013 Rates: CY2011 performance period, CY2010 base period
  - Opportunity, Appropriateness (Perfect Care), HCAHPS
  - Use of better of attainment or improvement scores
  - Modified scoring for “topped off” measures
  - Use of 0.5% of revenue “at risk” redistributed on a revenue neutral bases

Quality Based Reimbursement Initiative-Modifications

- Measures are adjusted based on those used for the Maryland Hospital Performance Evaluation Guide maintained by the Maryland Health Care Commission
- Changing the weights: Appropriateness Score increased from 25% to 50%
- CMS Value-Based Purchasing Program FY2013
- HCAHPS-Patient Experience of Care measures

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QBR Score

CLINICAL SCORE (70%)

- Opportunity Score (50%)
  - Percent of patients receiving each core measure
- Appropriateness Score (50%)
  - Percent of patients in each domain receiving ALL indicated care (Perfect Care)

HCAHPS (30%)

- Performance Score (10*8)
  - Percent of top box answers (always) for each dimension
- Consistency Score (20)
  - Measure whether hospitals are meeting the achievement thresholds across the eight proposed HCAHPS dimensions

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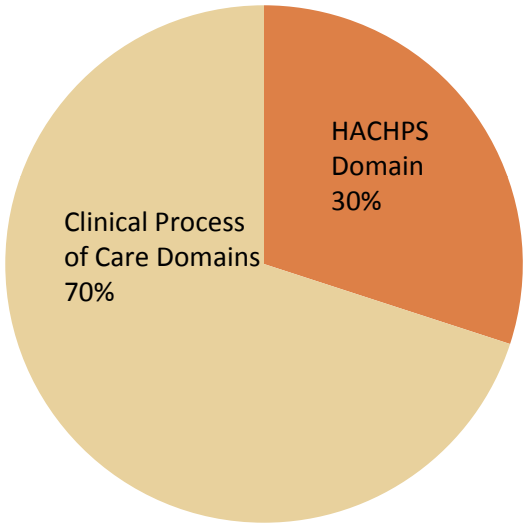
QBR MEASURES AND DOMAINS

OPPORUNITY MEASURES
AMI-1 Aspirin at Arrival
AMI-2 Aspirin prescribed at discharge
AMI-3 ACEI or ARB for LVSD
AMI-5 Beta blocker prescribed at discharge
AMI-8a - Primary PCI Received Within 90 Minutes of Hospital Arrival
CAC-1a - Relievers for Inpatient Asthma (age 2 through 17 years) – Overall Rate
CAC-2a - Systemic Corticosteroids for Inpatient Asthma (age 2 through 17 years) – Overall Rate
CAC-3-Home Management Plan of Care (HMPC) Document Given to Patient/Caregiver
HF-1 Discharge instructions
HF-2 Left ventricular systolic function (LVSF) assessment
HF-3 ACEI or ARB for LVSD
PN-3b Blood culture before first antibiotic – Pneumonia
PN-6 Initial Antibiotic Selection for CAP in Immunocompetent Patient
SCIP CARD 2 Surgery Patients on Beta-Blocker Therapy Prior to Admission Who Received a Beta-Blocker During the Perioperative Period
SCIP INF 1- Antibiotic given within 1 hour prior to surgical incision
SCIP INF 2- Antibiotic selection
SCIP INF 3- Antibiotic discontinuance within appropriate time period postoperatively
SCIP INF 4- Cardiac Surgery Patients with Controlled 6 A.M. Postoperative Serum Glucose
SCIP INF 6- Surgery Patients with Appropriate Hair Removal
SCIP VTE 1- Surgery Patients with Recommended Venous Thromboembolism Prophylaxis Ordered
SCIP VTE 2 - Surgery Patients with Recommended Venous Thromboembolism Prophylaxis Given 24 hours prior and after surgery

APPROPRIATNESS DOMAIN
AMI
CAC
HF
SCIP



HCAHPS DIMENSIONS
Cleanliness and Quiteness of Hospital Envir
Communication About Medicines (Q16-Q17)
Communication With Doctors (Q5-Q7)
Communication With Nurses (Q1-Q3)
Discharge Information (Q19-Q20)
Overall Rating of this Hospital
Pain Management (Q13-Q14)
Responsiveness of Hospital Staff (Q4,Q11)

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Total Score Calculation

- Two domains: Clinical Process of Care (22 measures and 4 domains) and Patient Experience of Care (8 HCAHPS dimensions)
- Hospitals are given points for **Achievement** and **Improvement** for each measure or dimension, with the greater set of points used
- Points are added across all measures to reach the Clinical Process of Care domain score
- Points are added across all dimensions and are added to the Consistency Points to reach the Patient Experience of Care domain score

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Attainment and Improvement

ATTAINMENT

- Comparing hospital's rate to the threshold and benchmark
- All achievement points will be rounded to the nearest whole number (for example, an achievement score of 4.5 would be rounded to 5). If a hospital's score is:
- Equal to or greater than the benchmark, the hospital will receive 10 points for achievement.
- Equal to or greater than the achievement threshold (but below the benchmark), the hospital will receive a score of 1–9 based on a linear scale established for the achievement range.

IMPROVEMENT

- Comparing hospital's rate to the base year (the highest rate in the previous year for opportunity and HCAHPS performance scores)
- If a hospital's score on the measure during the performance period is:
- Greater than its baseline period score but below the benchmark (within the improvement range), the hospital will receive a score of 0–9 based on the linear scale that defines the improvement range.

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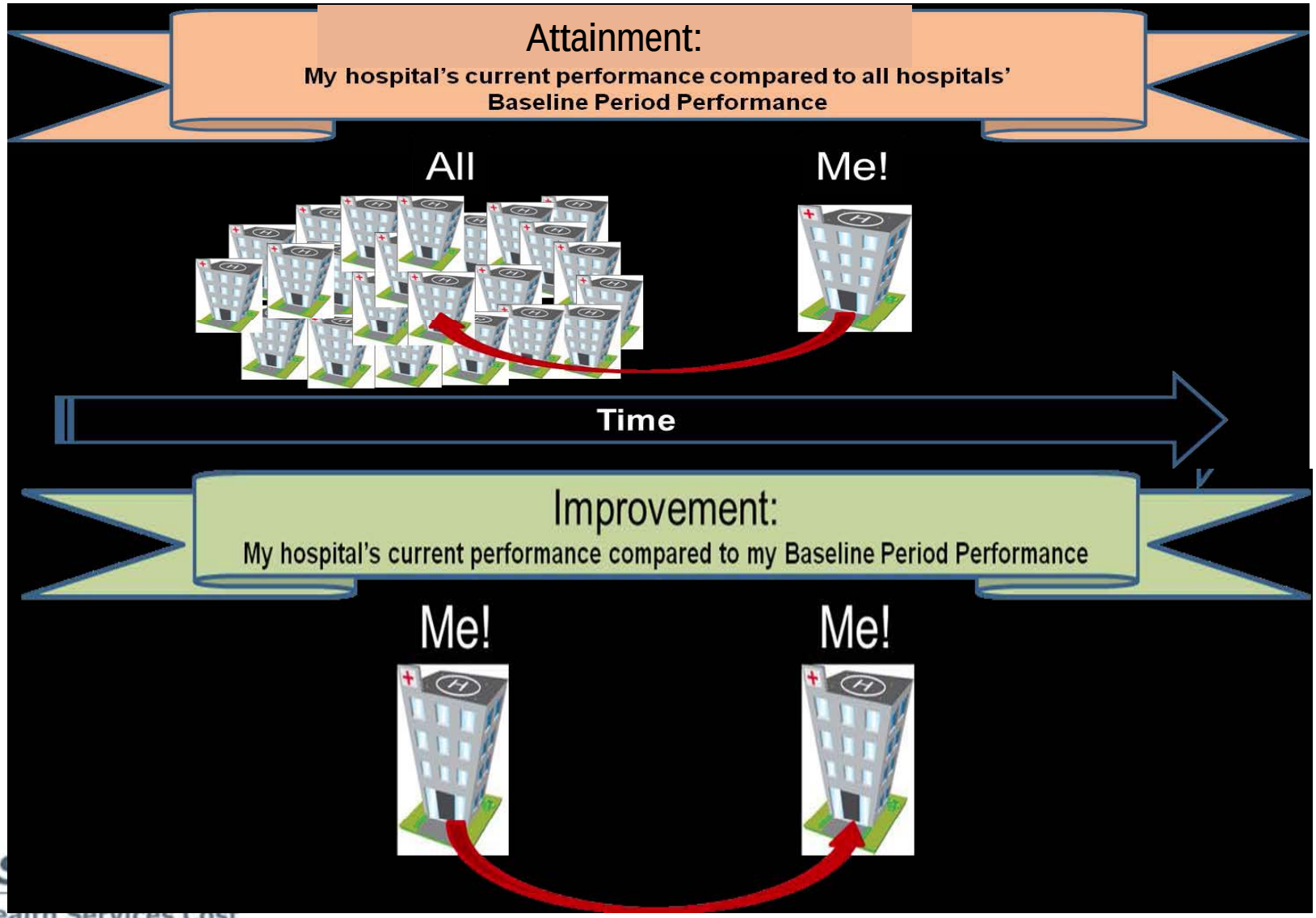
Attainment vs. Improvement



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Math

- **Attainment Points**: [9 * ((Hospital's performance period score - Attainment threshold)/ (benchmark –Attainment threshold))] + .5, where the hospital performance period score falls in the range from the Attainment threshold to the benchmark
- **Improvement Points:** [10 * ((Hospital performance period score - Hospital baseline period score)/(Benchmark - Hospital baseline period score))] -.5, where the hospital performance score falls in the range from the hospital's baseline period score to the
- **Benchmark**: mean value for the top 10 percent of hospitals during the baseline period (or 90% for topped off measures)
- **Threshold**: 50th percentile (or 65% for topped off measures)

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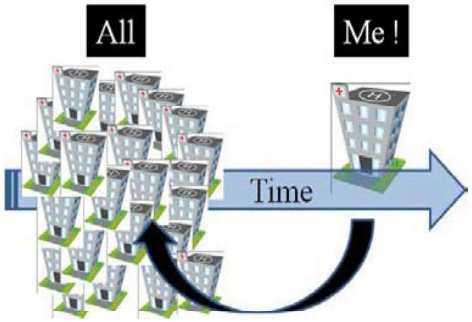
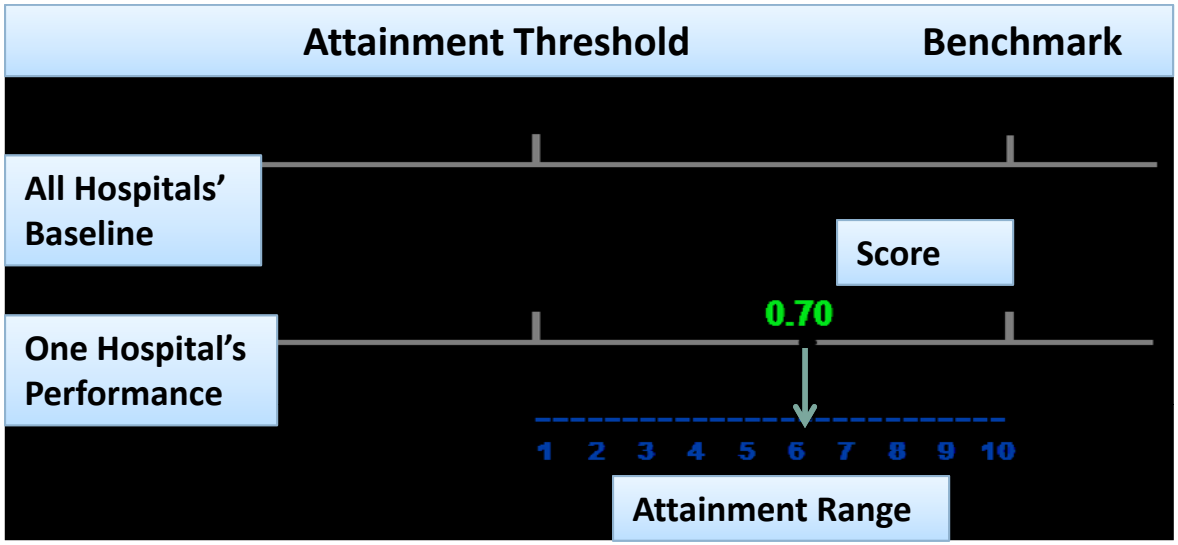
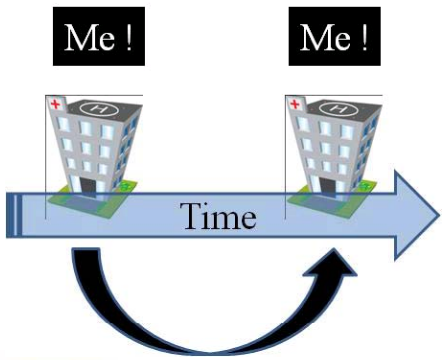
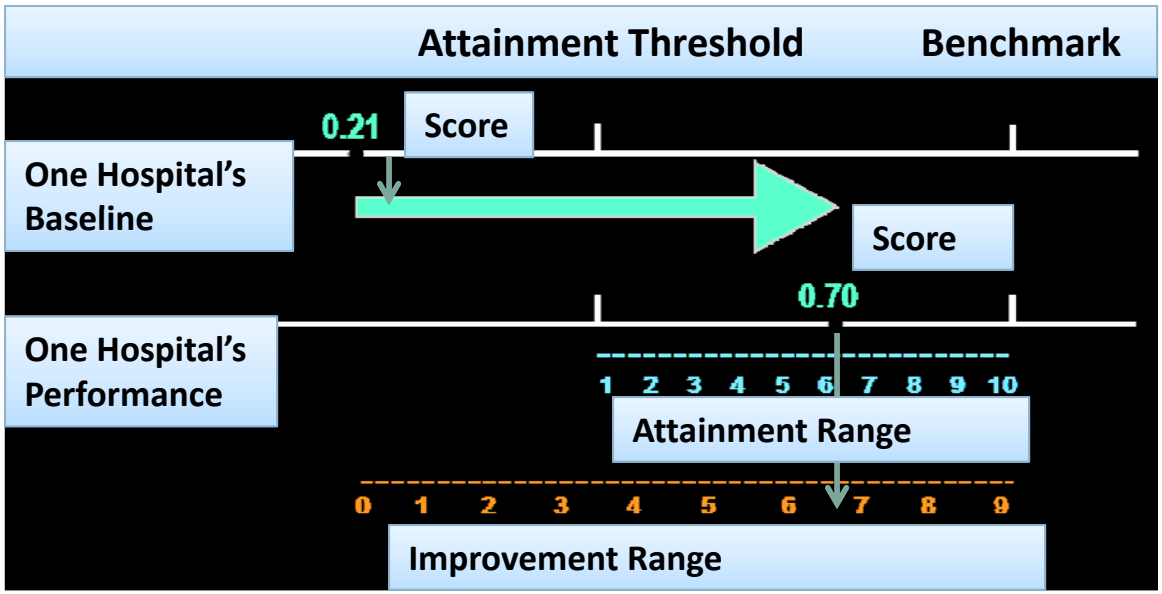
Better of Attainment or Improvement Points Used









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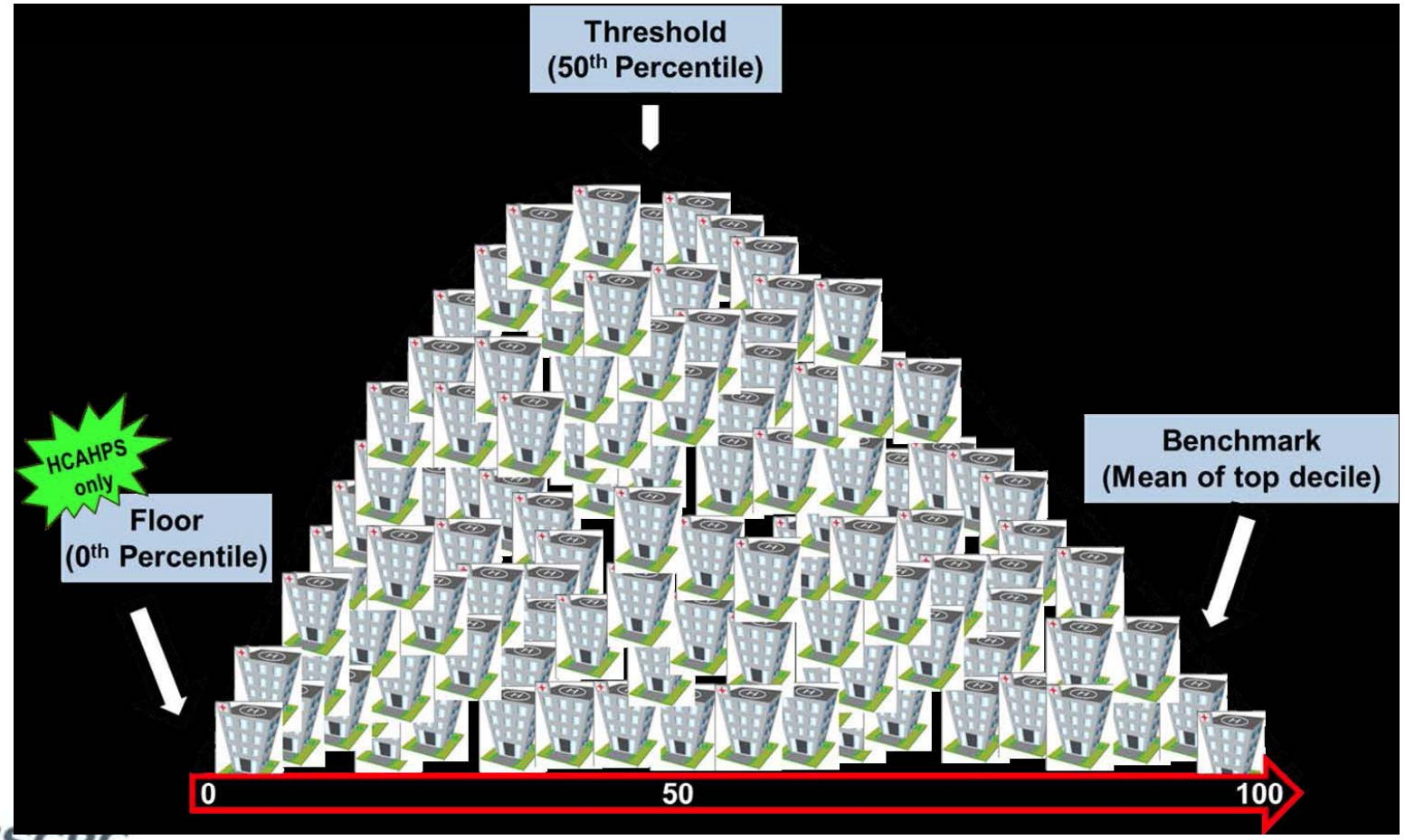
Threshold and Benchmark- Non-Topped Off



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Topped off Measure Definition

- Topped off measures are determined by two criteria
  - 75% and 90% percentile are not statistically distinguishable
  - Truncated coefficient of variation , in which the five percent of hospitals with the lowest scores, and the five percent of hospitals with highest scores were first truncated (set aside) is less than .10

Coefficient of Variation : standard deviation/mean

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HCAHPS Consistency

- **Lowest Dimension Score**: ((Hospital's performance period score—floor)/(Attainment threshold—floor))
- **Consistency Points**: (20 * (lowest dimension score)-0.5), rounded to the nearest whole number, with a minimum of zero and a maximum of 20 consistency points.

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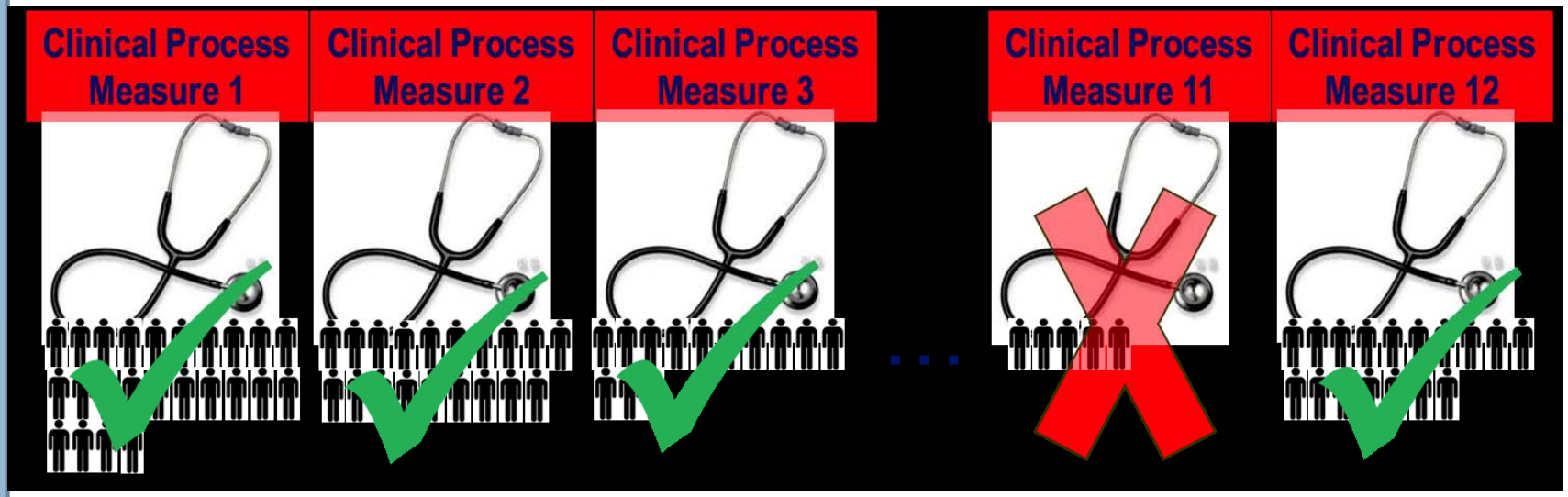
Minimum Number of Cases



Opportunity : at least 10 cases
Appropriateness : at least 25 patients
HCAHPS: at least 100 responses
Hospitals should have a minimum of 5 measures scores for the clinical model

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Hospital QBR Scaling
(0.5% Max. Penalty $7.9 mil)

Money reallocated From here

To here

HOSPID	GROSS INPATIENT CPC/CPE REVENUE	QBR FINAL SCORE	SCALING %	SCALED AMOUNT
210054	$146,082,502	0.4096	-0.50%	-$730,413
210044	$208,875,651	0.4099	-0.50%	-$1,043,091
210003	$175,673,564	0.4106	-0.50%	-$874,760
210012	$365,095,082	0.4338	-0.45%	-$1,644,016
210061	$35,569,941	0.4638	-0.39%	-$138,255
210040	$125,688,476	0.4873	-0.34%	-$427,868
210019	$235,561,632	0.5015	-0.31%	-$733,199
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210002	$787,107,460	0.7597	0.21%	$1,616,344
210049	$117,444,944	0.7786	0.24%	$283,917
210023	$241,861,191	0.7822	0.25%	$601,451
210008	$188,060,788	0.7911	0.27%	$499,890
210037	$117,317,772	0.7958	0.27%	$322,463
210010	$37,355,818	0.8005	0.28%	$106,058
210043	$188,870,979	0.83	0.34%	$643,512
210038	$119,697,303	0.8301	0.34%	$408,057
210028	$54,639,193	0.905	0.49%	$265,070

Poorest Performing Hospitals (high rates of complications)

Best Performing Hospitals (low rates of complications)

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